RETURN TO COMPLIANCE/REQUEST FOR VARIANCE FORM FOR RECREATIONAL CAMPS FOR CHILDREN

Name of Facilit	ty or Program:		
Address of Fac	cility or Program:		
Name of Owner or Operator:		Phone:	
	PLAN TO RETURN TO COMPLIANCE		
#	Description of Steps to be Taken to Return to Compliance	Correction Date	BoH Use Only
	REQUEST FOR VARIANCE		
You will be notifi allows the Board in its opinion, the	o request a variance, you must fill out this form and attend a hearing in frontied in writing of the date and time of the hearing. Section 105 CMR 430.800 of Health to vary the application of any provision of the code with respect to enforcement thereof would do manifest injustice; provided, that the decision intent and spirit of these minimum standards.	0 of the State San to any particular ca	itary Code ase when,
Relevant Code Sections	Description of the Requested Variances		
430			
430			
430			